Bristol, North Somerset and South Gloucestershire Integrated Care Board

BNSSG ICB Board Meeting

Date: Thursday 6th October 2022
Time: 10.30am
Location: Engineers House, Clifton Down, Bristol, BS8 3NB

Agenda Number :	8.2
Title:	Primary Care Committee Report to ICB Board • Support for delegation of Pharmaceutical, Ophthalmic and Dental services
Purpose: Decision	
Key Points for Discussion:	
The benefits of delegation and the key risks The decision to proceed and to assume responsibility for these services within our system for the benefit of our population.	
Recommendations:	It is recommended that the ICB Board support the recommendation from the Primary Care and Finance, Estates and Digital committees to proceed with delegation and delegate the authority to the Primary Care Committee to seek assurance against the risks included within this paper.
Previously Considered By and feedback :	BNSSG ICB Delegation Steering Group and BNSSG ICB Executive Group Finance, Estates and Digital Committee (FED) 22nd September Primary Care Committee (PCC) 27th September
Management of Declared Interest:	Managed through ICB committee governance
Risk and Assurance:	There are a number of risks in relation to progressing with delegation at this stage including completion of due diligence, financial allocative risks, workforce and capacity risks. In addition, it should be noted that there are significant challenges with NHS dentistry provision that the ICB will be assuming responsibility for.
Financial / Resource Implications:	Delegation of Pharmacy, Optical and Dental services will represent an additional allocation to the ICB of circa £81 million

Legal, Policy and Regulatory Requirements:	Delegation of primary care services to ICBs is included within the Health and Care Bill and the expectation is that all ICBs assume this responsibility from April 2023. A delegation agreement will be signed between NHSE and the ICB setting out roles and responsibilities. This is already in place and signed from July for general medical services
How does this reduce Health Inequalities:	The legislative framework seeks to enable decisions to be taken as close as possible to their populations to secure maximum benefit. The anticipated benefits of delegation include the ability to tailor approaches with partners to supporting reducing health inequalities in BNSSG.
How does this impact on Equality & diversity	It is expected that the ability for decisions to be taken as close as possible to the BNSSG population will enable us to better consider the specific needs of our populations.
Patient and Public Involvement:	This forms part of national policy and has not been subject to local PPI. We will need to work actively with HealthWatch, local communities and MPs as we formally take on the responsibility to ensure that we develop services that reflect population needs.
Communications and Engagement:	Engagement and communications have been undertaken with the respective professional bodies and they are being invited to join the PCC from September in preparation for delegation from April. Further communications will need to be developed as we approach April.
Author(s):	Jenny Bowker, Head of Primary Care Development
Sponsoring Director:	Lisa Manson and Dave Jarrett

Agenda item: 8.2

Report title: Primary Care Committee Report to ICB Board - Support for delegation of Pharmaceutical, Ophthalmic and Dental services

1 Purpose

The purpose of this paper is to ask that the ICB Board support the recommendation from the Primary Care and Finance, Estates and Digital committees to proceed with delegation and delegate the authority to the Primary Care Committee to seek assurance against the risks included within this paper.

The Health and Care Bill confers the duty on ICBs to secure the provision of general medical, pharmacy, optical and dental services. The expectation is that ICBs will become delegated for pharmacy, optical and dental services (POD) from April 2023. Delegation confers significant benefits in terms of commissioning along the whole patient pathway and seeking to make decisions to support improved access to services and integration with other primary care and community services in BNSSG. Work has been progressing with NHSE over the past year to prepare for this and the NHSE SW regional team have developed a commissioning hub offer to support ICBs with the contracting, quality and finance support to deliver commissioning of these services from July of this year and this has been previously approved by the Healthier Together Chief Executive Group. An ICB delegation steering group has been overseeing the application for delegation over the past year and reporting regularly to PCC. A pre-delegation assessment framework for BNSSG was submitted to NHSE on September 19th. Both the Primary Care and Finance, Estates and Digital Committees have reviewed the detail of the submission, the benefits and risks and have supported the recommendation to the ICB Board to proceed with delegation, noting that significant risks remain which will need to be addressed as we progress towards April.

The next steps in terms of national assurance are that pre-delegation assessments are presented to a national moderation panel on the 12th October with decisions to be made confirming approval at the NHSE Board in December

2 Key benefits of delegation

The key opportunities for delegation of these services for our population include:

- Ability to be locally responsive and respond to population health needs and commission services accordingly

- Tailored approach working with partners to respond to health inequalities and ensure a focus on preventative care
- Transformation and pathway integration – greater ability to integrate these services into local transformation and system working both within the place and system agendas and to incorporate these services more fully into a local primary care strategy
- Ability to develop and create closer relationships which can then support increased partnership working
- Opportunity to build a more integrated clinical leadership model which reflects the wider primary care system in BNSSG
- Ability to involve the wider primary care services in developing approaches to quality improvement and supporting wider primary care resilience

There are opportunities for us to develop more integrated eyecare pathways, develop a wider primary care offer across community pharmacies and general practice and improve both urgent care dental pathways and oral health initiatives.

The significant opportunities around developing a more joined up preventative approach working across the primary care contractor groups with the Local Authorities and the ICB was particularly highlighted as an opportunity at PCC.

3 Key risk areas of delegation

- **Access to NHS Dentistry**

There are recognised challenges with access to NHS dental provision in BNSSG as reflected nationally. From a service perspective this includes workforce and practice resilience challenges and from a population perspective this includes difficulties in accessing NHS services.

The ICB needs to understand these challenges for which it will become responsible.

All 3 primary care contractor groups are subject to national contract negotiations and contract deals and terms which we are required to follow. There is flexibility in terms of developing local supplementary commissioning arrangements and initiatives to support these services, subject to financial affordability.

- **Governance and Leadership**

Nationally a safe delegation checklist has been developed to support systems and regions to plan for safe transfer. The checklist covers the following domains:

- Governance
- Finance
- Contracts
- Quality
- Data and Records Management
- HR and People Impact Assessment

NHSE SW propose to work with the 7 ICBs to work through this safe delegation checklist between October and February. Until this work is complete there remain due diligence risks, however, there is a plan in place to address this.

- ## Finance

A detailed paper has been presented to FED outlining the financial allocations for the POD areas, the methodology and key risks. A renewed set of options has now been sent to ICB Chief Finance Officers for consideration. It is expected that the allocation methodologies will be expenditure rather than needs based. National work to develop a fair shares methodology for dental services is anticipated in the next 2-3 years. The approach is to have a single allocation covering the 3 services and that overall these should balance. This is, however, dependent on securing a final agreement on approach to the allocation and assurances that sufficient provision is also included for community and secondary care dental in addition to primary care dental services. Given this work has not yet been completed the financial allocation is considered a significant risk and work is required with the NHSE SW teams to conclude this rapidly. The overall allocation is projected to provide the ICB with responsibility for an additional circa £81 million.

- ## Workforce, capability and capacity

There is a commitment to continue to provide the same level of current support to systems from NHSE during the transition and arrangements will be in place to support transfer of the contracting, finance and quality assurance of delegated services as part of the commissioning hub offer. A gap analysis now needs to be undertaken to identify the capacity needed in the ICB to deliver the added value of integration within the ICB. Proposals will need to be developed to support these within ICB structures in order to realise these benefits. This represents a challenge to ICB running cost targets which have not been increased to reflect additional responsibilities. There will be a delay to achieving the transformation benefits until a resource plan is developed. In addition, risks have been indicated about the capacity of the commissioning hub to support integration and the development of a single primary care commissioning approach for BNSSG.

4 Summary and Recommendations

There are significant benefits of delegation of these primary care services with the opportunity to address population health holistically and bring together primary care services and integrate these within the wider system. However, there are a number of key risks at the time of submitting our

application and pre-delegation assessment framework. These have been scrutinised by both the Primary Care and Finance, Estates and Digital sub committees which have concluded that the benefits support us in continuing to progress our application for delegation. This approach is being mirrored across the 7 ICBs in the South West.

It is recommended that the ICB Board support the recommendation from PCC and FED to proceed with delegation and delegate the authority to PCC to seek assurance against the risks included within this paper.

5 Legal implications

Delegation of primary care services to ICBs is included within the Health and Care Bill and the expectation is that all ICBs assume this responsibility from April 2023. A delegation agreement will be signed between NHSE and the ICB setting out roles and responsibilities. This is already in place and signed from July for general medical services.

6 Risk implications

These are set out in the paper and a risk log is overseen by the ICB Delegation Steering Group.

7 How does this reduce health inequalities

The legislative framework seeks to enable decisions to be taken as close as possible to their populations to secure maximum benefit. The anticipated benefits of delegation include the ability to tailor approaches with partners to supporting reducing health inequalities in BNSSG.

8 How does this impact on Equality and Diversity?

It is expected that the ability for decisions to be taken as close as possible to the BNSSG population will enable us to better consider the specific needs of our populations.

9 Consultation and Communication including Public Involvement

This forms part of national policy and has not been subject to local PPI. We will need to work actively with HealthWatch, local communities and MPs as we formally take on the responsibility to ensure that we develop services that reflect population needs.

Engagement and communications have been undertaken with the respective professional bodies and they are being invited to join the PCC from September in preparation for delegation from April. Further communications will need to be developed as we approach April.

10 Glossary of terms

Glossary of terms	Definition
NHSE and NHSE SW	NHS England is the national body leading the NHS in England, supported by 7 regional teams. NHSE SW is the south west regional team
POD services	Pharmaceutical, Optical and Dental services
PCC	Primary Care Committee – a sub committee of the ICB Board
FED	Finance, Estates and Digital - a sub committee of the ICB Board

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

BNSSG ICB Primary Care Committee Meeting

Minutes of the meeting held on 26th July 2022 at 9.00am, held virtually via Microsoft Teams

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FINAL Minutes

Present		
Alison Moon	Chair of Committee, Non-Executive Member – Primary Care	AM
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Colin Bradbury	Area Director for North Somerset	CB
Nikki Holmes	Head of Primary Care, South West, NHS England and Improvement	NH
Geeta Iyer	Primary Care Provider Development Clinical Lead	GI
David Jarrett	Area Director for Bristol and South Gloucestershire	DJ
Philip Kirby	Chief Executive, Avon Local Medical Committee	PK
Matt Lenny	Director of Public Health, North Somerset Council	ML
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
Apologies		
Jenny Bowker	Head of Primary Care Development	JB
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC
Sarah Carr	Corporate Secretary	SC
Lisa Manson	Director of Commissioning	LM
Kat Showler	Senior Contract Manager Primary Care	KS
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive	ST
In attendance		
Louisa Darlison	Senior Contract Manager Primary Care	LD
Jamie Denton	Head of Finance – Primary, Community & Non Acute Services	JD
Sukeina Kassam	Interim Head of Primary Care Contracts	SK
Sandra Muffett	Head of Patient Safety and Quality	SM
Lucy Powell	Corporate Support Officer	LP
Lisa Rees	Principal Medicines Optimisation Pharmacist (NW Bristol Area)	LR
Nwando Umeh	Programme Manager – Supplementary Services	NU

	Item	Action
1	**Welcome and Apologies** Alison Moon (AM) welcomed everyone to meeting and noted that this was the first meeting of the Integrated Care Board (ICB) Primary Care Committee (PCC). AM confirmed that the purpose of the Committee was to contribute to the delivery of the ICB objectives particularly the responsibilities delegated to the Committee around primary care services. AM outlined the four core objectives of the ICB: improving health outcomes for the population, tackling inequalities, enhancing productivity and increasing the NHS contribution to social and economic development, and asked that all discussions considered these core purposes. Louisa Darlison (LD) asked whether it would be sensible to amend the standard committee paper template to reflect these objectives. It was agreed that this would be raised with the Corporate Governance Team. AM noted that discussions also needed to consider the population and patient voice and be assured it is embedded in committee business. AM noted that the Committee would be gaining assurance on a mix of transformational and transactional work as well as the strategic implementation of the primary care strategy. AM asked that the Committee Terms of Reference were presented for information at the September Committee meeting AM highlighted that the Primary Care Operational Group (PCOG) Terms of Reference would also be amended to reflect the strengthening of its remit. AM recognised the significant amount of work to be discussed at the Committee and noted that the inclusion of pharmacy, dentistry and optometry would increase this. Rosi Shepherd (RS) highlighted the importance that the items presented included how health inequalities would be addressed and improved. AM asked colleagues if there were any matters of concern which the Committee needed to be aware of which were not on the agenda. There were none.	**LP** **DJ**
2	**Declarations of Interest** There were no new declarations of interest and no declarations of interest pertinent to the agenda. AM noted that the paper for item 11 outlined a conflict of interest for locality representatives and asked which of the Committee members this referred to. Sukeina Kassam (SK) confirmed that there were no GP locality representatives at this meeting and therefore there were no conflicts of interest pertaining to the paper.	
3	**Review of Action Log** The Committee reviewed the action log. It was noted that the actions were from the CCG Primary Care Commissioning Committee and therefore consideration would be given as to whether these actions needed to be actioned by the ICB PCC or transferred to another Committee:	

	Item	Action
	Action 287 – Lisa Rees (LR) confirmed that further financial consideration was required before the Patient Group Direction (PGD) was extended to include a hay fever PGD. LR noted that a PGD evaluation paper would be reviewed by the Health and Care Professional Committee and a discussion would take place in relation to future funding before any service expansion proposals were taken to PCC. It was agreed to close the action. AM queried whether the PCC was the correct forum to approve PGDs as the Committee did not have the expertise to determine whether PGDs developed by clinicians were appropriate for the population. The action was closed. **Action 298** – RS confirmed that work continued to ensure that the Patient Safety and Quality Strategies aligned with the overall system strategy. It was agreed to close the action as the work to develop the Patient Safety Strategy was considered business as usual. All other due actions were closed	
4	**Primary Care Clinical Waste Services Procurement** LD provided the background to primary care clinical waste services noting that nationally the commissioning was complex and involved a number of different agreements between providers concerning different types of services, waste and bins. LD noted that the local system had a number of inherited legacy agreements and the service was provided by Tradebe who were commissioned to supply containers, collect and destroy waste. This agreement was through a Memorandum of Understanding rather than a formal contract. LD explained that NHS England and Improvement (NHSEI) planned to undertake a national procurement of primary care clinical waste services and to this end had set up a large project team to plan the procurement, to include considerations around sustainability. LD noted that clinical waste services had been impacted by the pandemic due to increased costs relating to fuel and shortages of drivers. LD confirmed that the national procurement also included community pharmacy services and all local pharmacies were supportive of joining the national procurement. Geeta Iyer (GI) noted the importance that these conversations were held with practices earlier as they may need to communicate any waste collection changes to patients. GI highlighted the additional community sites included within the legacy agreements and noted that the ambition was for more healthcare services, such as vaccinations, to be provided at community sites and therefore it would be sensible to add these community sites into the procurement. LD confirmed that this had been considered and vaccination sites were expected to be included, however there were other community sites that were included within the legacy agreement that didn't provide healthcare services anymore and so work would be undertaken to identify these.	

	Item	Action
	SK agreed to raise the issue of the community sites with the procurement group and noted that during the pandemic it had been necessary to stand up vaccination sites very quickly and therefore there needed to be a clause within the contract to ensure that additional sites could be added. It was noted that although it was a national procurement there needed to be local flexibility. LD reported that University Hospitals Bristol and Weston (UHBW) and North Bristol Trust (NBT) were undertaking an initiative called Toward Zero Waste. Matt Lenny (ML) supported the zero waste programme but noted that it also needed to be about sustainability to include services which use less carbon. AM asked about the implications of this for dentistry and optometry services. NH confirmed that these services provided their arrangements and only GP practices and community pharmacy were included within the national procurement. LD outlined next steps noting that the NHSEI team would be notified that the ICB would join the national procurement. Updates would be provided to the Committee as the procurement progressed. **The Primary Care Committee:** • **Supported joining the national procurement** • **Supported the continued engagement in the UHBW and NBT 'Toward Zero Waste' strategy** • **Noted the risk around increased financial costs**	**SK** **LD/SK**
5	**Enhanced Access** LD provided an update noting that the Primary Care Network (PCN) Enhanced Access plans were due by the end of July. The ICB has received feedback that PCNs were developing plans at locality level and Friday evening and Saturday afternoon coverage was a challenge. The ICB continued to work with the system Clinical Assessment Service (CAS) to develop an offer of support to localities. LD noted that agreement of plans would take place over August and delegated agreement to the appropriate Area Director and Director of Commissioning had been agreed previously. LD highlighted that it had been requested that PCNs consider the GP Survey results when developing the section relating to patient engagement within their plans and anticipating what the results might mean when planning access. LD reported that the working group was working well and had membership from the Localities, practice managers, One Care and the Local Medical Committee (LMC). The working group has developed some useful products and would be developing KPIs to monitor Enhanced Access.	

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	AM noted that in the paper three of the six Localities had been described as having a strong locality approach and asked for more information on what this meant. LD explained that this was an indication of capacity sharing across the locality. The localities with a strong approach had developed Enhanced Access plans across the locality for the whole week whereas the other localities had developed plans for individual PCNs with locality based plans for where less capacity has been identified. AM highlighted the GP Patient Survey results and asked how these would be reviewed by the ICB. SK confirmed that the results were being reviewed by the resilience group and some analysis work was taking place to compare the results against the resilience data. RS noted that the GP Patient Survey results for the local area had been positive and work would be undertaken on identifying any learning from other areas. AM suggested that a paper regarding the survey results be presented to the Committee in September. GB outlined the importance that the survey results were cross referenced with other information. SK confirmed that the results were being triangulated against other available information such as CQC and Healthwatch reports. **The Primary Care Committee received the update**	**RS/DJ**
6	**Proposal to adopt a Service Specification for Enhanced Health Checks and Support for Practices registering people fleeing the conflict in Ukraine** SK explained that there was currently no focused enhanced health check support for people fleeing the conflict in Ukraine. The guidance outlined that GP registration of this cohort of patients was as per normal procedures. Nationally there was a request for support in undertaking health checks and it has been proposed that a service specification be developed to support the enhanced health check. NHSEI proposed two options to commission these health checks; either through General Practice or through a dedicated provider. SK highlighted that the local system commissioned the Haven Service to support asylum seeker and refugee health checks, however the service was working above commissioned capacity already. The proposal was therefore for General Practice to undertake the enhanced health checks with £150 provided for each completed health check. SK noted that the service specification had been developed quickly and there had not been time for a rigorous engagement programme with practices, although the specification had been tested with some practices and the LMC, and the ICB worked with regional colleagues to develop localised coding and guidance. SK noted that the ICBs would be funding these health checks through inflationary costs however it has been proposed that the ICB approached the Local Authorities, who received government funding for each person fleeing Ukraine, to identify whether the cost of the health check of £150 could be funded from this national allocation.	

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	AM asked whether the service specification outlined an equitable service for people fleeing countries other than Ukraine. SK noted that the Haven Service undertook similar health checks for asylum seekers and refugees but were unable to undertake these additional health checks due to capacity and therefore to provide an equitable service, another service needed to undertake the health checks. SK noted that no bespoke funding had been identified for this and therefore the ICB was considering the options to ensure the health checks could take place. ML supported the proposals and the links to the Local Authority. ML highlighted the importance that both health and social needs were considered together in order to recognise any risks and inequalities and effectively anticipate the needs of individuals. DJ asked about next steps particularly regarding funding. SK confirmed that there were several meetings arranged to discuss the suggested funding arrangement. SK reported that North Somerset Council had provisionally agreed and SK would link with South Gloucestershire Council and Bristol City Council. SK noted that if the funding needed to be through the inflationary costs budget then this would be a cost pressure for the ICB. JD noted that there were weekly strategic commissioning meetings between health and the Local Authorities to discuss opportunities for support between the organisations and the question was whether the Local Authorities were provided with enough allocation to also support the health checks. RS noted the Haven Service capacity concerns and asked what the ICB was doing to support the service. SK confirmed that finance had discussed the service with the non-acute commissioning team and staff from Sirona were developing a business case which would be presented to the ICB following internal governance processes. RS noted the importance that the Haven team were supported quickly. GI highlighted that the REMEDY page had been updated and practices had been provided with guidance but asked what else was planned to support GPs to undertake the health checks. SK confirmed that additional templates were being developed for use. **The Primary Care Committee:** • **Supported adoption of the proposed enhanced service specification** • **Noted the risk around financial costs to the ICB delegated budget/allocations if system funding was not agreed** • **Supported the exploration of ICB funding from system partners that are in direct receipt of funds from the Department for Levelling Up,**	

	Item	Action
	Housing and Communities settling people from Ukraine across the BNSSG footprint	
7	**Delegation Update** SK outlined the key changes to the delegation agreement noting that future liability would be the responsibility of the ICB and historic liability would remain with NHSEI, management of complaints would be delegated from April 2023, the financial envelope would be protected as system funding, and there was a requirement for NHSEI staff to support delegation with changes to staffing models to be agreed nationally and whistleblowing investigations for delegated functions would be performed by the ICB. SK confirmed public health functions would remain the responsibility of NHSEI however over 2022/23 the ICB and NHSEI would work together to determine services which could be delegated in April 2024. SK reported that the delegation Memorandum of Understanding has been signed between the ICB and NHSEI South West which provided the framework for the approach to delegation and the working arrangements. The revised financial allocation for pharmacy, optometry and dentistry services was £80,259m which was £2,242m less than the 2019/20 outturn. A series of adjustments have been made which included the cost of retained transformation functions and the creation of a regional contingency for the dental budget. JD confirmed that the revised allocation had not been agreed by the local system and meetings were in place between finance teams to discuss the methodology options for the allocation of funds. JD reported that NHSEI had highlighted that the methodology needed to be accepted and agreed by the system. SK confirmed that the agreed approach allowed for the ICB to be involved in procurements or contract discussions as well as sit on the local programme boards for dental and pharmaceutical services. Work was taking place to input into the pharmacy needs assessment. The benefits of the approach were already being recognised. SK noted that meetings had been set up to discuss delegation of complaints management and work needed to take place to ensure that the team had the capacity to manage the work. SK noted that work also continued on finalising due diligence particularly around EPRR and business continuity. SK confirmed that an introduction to the delegated services was planned for the next Committee meeting and committee invitations had been extended to representatives from the Local Pharmaceutical, Dental and Optical Committees. A review into the commissioning hub function to support the delegation would be reviewed in November to identify any learning and improvements. SK confirmed that the application for delegation needed to be completed by September.	

	Item	Action
	AM reported that the South West Primary Care Committee Chairs had met with the Director of Commissioning for NHSEI who had reflected that currently delegation was in shadow form and although the ICB and NHSEI would work jointly, joint commissioning was a misnomer as NHSEI would retain the commissioning responsibility for pharmacy, optometry and dental services until April 2023. AM confirmed that updates on the delegation process would be a standing item on the agenda and asked that the updates included consideration of the opportunities and risks for the system of delegation as well as the more technical process information. AM also noted that the ICB needed to consider working arrangements to ensure the ICB has the relevant expertise to manage the actions from the major reform programmes planned for pharmacy and dentistry. SK confirmed there were opportunities to share learning or work across ICBs and this would be investigated further. It was noted that work would continue to develop the governance routes for the work and determine what level of detail needed to be reviewed through the various ICB governance routes. NH noted that in terms of resourcing there was national funding pharmacy integration post within each system which was part of the reform programme. This post supported delivery of the projects. **The Primary Care Committee received the update**	**DJ**
8	**Primary Care Finance Report** JD reported that the year to date financial position was an underspend of £2.1m which would increase to £2.7m once retrospective funding had been included. It was expected that the end of year position would be breakeven. JD highlighted that the key variances including the Additional Roles Reimbursement Scheme (ARRS) which represented a positive position for the system as the scheme utilised nationally held funding. JD noted that this was part of the retrospective funding and although the upper limit was £6.3m and the ICB had utilised £0.5m, it was expected that there would be an upward trajectory. The Primary Care Transformation (SDF) programme was £350k underspent and JD explained that a number of schemes were uncommitted. The ICB was awaiting national guidance and a decision had been made to develop a proposal to start some of the schemes. It was not anticipated that an underspend would remain at the end of the year. Primary Care prescribing was noted as the most significant variance with a current underspend of £1.9M which was attributable to over estimated costs during quarter 4. JD noted that the estimation for the year end position had been inferred from the lower than usual costs in April 2022. Two particular prescribing chapters for cardiovascular disease and the central nervous system	

	Item	Action
	had driven the decrease, with some antidepressants within the central nervous system chapter removed from the No Cheaper Stock Obtainable (NCSO) list. JD noted that prescribing was an area of high volatility and therefore a break even position was anticipated. **The Primary Care Committee:** • **Noted the summary financial plan** • **Noted the key risks and mitigations to delivering the financial plan** • **Noted that at month 3 (June), combined Primary Care budgets were reporting a £2,659k underspend**	
9	**Quality Update** RS explained that work continued to consider how quality and performance reporting could be combined for future meetings as it was important to show the impact of quality on performance. RS reported that Green Valleys have had their CQC inspection and have improved their rating from 'requires improvement' to 'good' which was the result of good support from the CCG/ICB teams and the leadership and work of the practice. RS noted that the practice still rated 'requires improvement' in the responsive domain and explained that the practice continued to be challenged in terms of telephone and appointment access. The support provided by the ICB remained in place. The outcome following the CQC inspection at the University of Bristol Student's Health Service had also been 'good'. RS highlighted that the GP Patient Survey results linked with the CQC inspection reports and noted that consideration would be given on how the learning was disseminated between practices. RS explained that there had been no significant changes at Graham Road and Horizon Health Centre and the ICB continued to support the practices. **The Primary Care Committee received the update**	
10	**Medicines Optimisation Quarterly Quality Report** LR provided the key points from the report: • The Community Pharmacy PGD service continued with 96% of pharmacies across Bristol, North Somerset and South Gloucestershire offering the service. • Through the Community Pharmacist Consultation Service (CPCS) – PGD service, 2823 consultations had taken place year to date for 2022/23 which had avoided attendances elsewhere in the system. An evaluation of the service was underway which reviewed patients referred to the service. • An urgent care referral pilot from the UHBW emergency department to the CPCS commenced in April 2022 and has signposted 12 patients to the service. Another pilot from the South Bristol UTC to the CPCS was also going well.	

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	• 72% of patients who used the GP Community Pharmacist Consultation Service received advice or medication and were managed solely by the pharmacist thus freeing up GP appointment time. • The Prescribing Quality Scheme was live and work to support the projects continued. • A new Training Workforce Lead role has been funded for a year which provided strategic support for pharmacy training across the system. • A study found that pregabalin may slightly increase the risk of congenital malformations if used during pregnancy. • The summary results of the Stroke Root Cause Analysis (RCA) project were presented. The project had taken place to identify whether there were any avoidable risk factors relating to Atrial Fibrillation (AF) that may have contributed to stroke. LR highlighted that two thirds of patients had known AF prior to the stroke and the project had identified that one third of people who had a stroke had a potential contributary factor with the most common being patients with inadequately controlled blood pressure. A number of recommendations have been identified. • At the end of 2021/22, the antibiotic targets had been met and the total rate of overall prescribing was at 0.702 against a target of 0.871. It was confirmed that all localities had met the target although work continued to monitor this. It was noted that two prescribing incentive schemes projects for 2022/23 related to antimicrobial stewardship. • The C.Difficile Group have developed a patient information leaflet for use in hospitals and the community. RS asked whether the outcomes from the actions taken around anticoagulation prescribing relating to the stroke RCA could be identified and monitored and whether this could be tracked by patient demographics. LR confirmed that the Cardiovascular Group assessed admissions over time which should indicate if the recommendations have had an impact. LR acknowledged that the data may need to be broken down further to reflect patient demographics. RS noted the importance that the work was communicated to other groups to consider as part of planned population health projects. NH highlighted the antimicrobial Stewardship programme and noted that NHSEI was undertaking an evaluation of current programmes before extending services into community pharmacy and asked that the ICB link with NHSEI with any learning. LR confirmed that colleagues had been linking with NHSEI. AM noted the considerable amount of work being undertaken and asked that consideration be given to whether it would be appropriate to receive exception reporting at the Primary Care Committee in the future. **The Primary Care Committee received the report**	**DC/LR**

	Item	Action
11	**Primary Care Contracts, Performance, Quality and Resilience Report** SK provided the key points from the report: • A review of the Helios Medical Centre closure would be presented to a future Committee meeting • There had been good uptake from practices for the severe mental illness physical health improvement programme • 100% of PCNs have opted into the Phase 5 COVID-19 Vaccination programme. Work continued to ensure that estates and workforce resilience was in place. It was noted that there had been a reduction in payment which had not deterred practices signing up. • It was confirmed that work continued to triangulate information from the resilience programme and CQC inspection reports. It was noted that practices within the resilience programme had seen a reduction in complaints and this had been reflected in the GP Patient Survey. • Graham Road and Horizon Health Centre have been inspected by the CQC. The report has not yet been published. The ICB and the practice team were reflecting on the regular meetings. **The Primary Care Committee noted the contents of the report**	
12	**Key Messages for the ICB Board** • The update on delegation • The assurance provided on contract monitoring, CQC inspections and medicines optimisation • GP Patient Survey results to be presented to the Committee in September • The clinical waste procurement and enhanced service proposals	
	Any Other Business There was none	
	Date of Next Meeting 27th September 2022, Location to be confirmed	

Lucy Powell, Corporate Support Officer, August 2022